

PATENT CASE: CN01622

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Wu et al.

For Patent: Selective D1/DF Receptor

Antagonists for the Treatment Of Obesity and CNS Disorder

Serial No.: 10/649,495

Filed: **08/27/2003**

Examiner: To Be Assigned

Group Art Unit: 1625

Date: March 16, 2004

Schering-Plough Corporation Kenilworth, New Jersey 07033

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 Mailstop: **OIPE**

SUBMISSION OF CORRECTED DECLARATION

Sir:

The is a request to re-submit the Declaration for Utility or Design Patent Application (37 CFR 1.63). Applicant's advise the original Declaration cites the Applicant(s), "Thavalakulam K. Sasikumar, Westfield, NJ". Please correct the Applicant(s) name to "Thavalakulamgara K. Sasikumar, Westfield, NJ".

No fee is believed to be due, however, if any fee is due the Commissioner is authorized to charge Deposit Account Number <u>19-0365</u> for any fees deemed necessary for consideration and entry of this corrected Declaration into the file record.

If there are any questions, the Office is invited to contact the undersigned.

Respectfully submitted,

William Lee Reg. No. 46,100 Attorney for Applicant (908) 298-2161

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on March 16, 2004.

WILLIAM Y. LEE
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PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
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PATE		PPLICATION	COMPLETE IF KNOWN					
		R 1.63)	Application Number	Number /				
·		a	Filing Date	08/2	27/2003			
☑ Declaration Submitted	OR	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Group Art Unit	<u> </u>				
with Initial Filing			Examiner Name					

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural									
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
SELECTIVE DI/D5 RECEPTOR ANTAGONISTS FOR THE TREATMENT OF OBESITY AND CNS DISORDERS									
the specification of which (Title of the Invention)									
is attached hereto									
OR was filed on (MM/DD/YYYY)		as Unite	d States Applicat	ion Number or P	CT International				
Application Number	and w	as amended on (MM/DD/Y)	w. [(if applicable).				
I hereby state that I have reviewed		•	,	n, including the c	•				
amended by any amendment specif				,					
I acknowledge the duty to disclose in	nformation which is	material to patentability as	defined in 37 CF	R 1.56.					
I hereby claim foreign priority benefi	ts under 35 U.S.C.	119(a)-(d) or 365(b) of ar	ny foreign applic	ation(s) for pater	nt or inventor's				
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DECLARATION — Utility or Design Patent Application

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Wen-Lian			7,		,		w	Wu						
Inventor's Signature		Melianter						Date 12/4						
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PTO/SB/02A (11-00)

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DECLARATION

Supplemental Sheet Page _1_ of _1_

Name of Additional Joint Inventor, if an	y:	A petition has been filed for this unsigned inventor						
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nane A. Burnett								
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Mailing Address 9 Chestnut Avenue								
Mailing Address								
City Bernardsville	Sta	te NJ		ZIP 07924	Countr	try USA		
Name of Additional Joint Inventor, if an	y:			A petition has been file	ed for thi	s unsigned inventor		
Given Name (first and middle [if any])	niddle [if any]) Family Name or Sumame							
William J. Greenlee								
Inventor's Signature William J.	<u> </u>	Gre	ب	lee		Date 1/14/04		
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Given Name (first and middle [if any])				Family	/ Name o	or Surname		
Thavalakulamgara K. Sasikumar			Sasi	kumar				
Inventor's Signature						Date 12-03-03		
Residence: City Westfield	Stat	te NJ	Country USA Citizenship In			Citizenship India		
Mailing Address 128 East Grove Street, 2nd	Floo	or						
Mailing Address								
City Westfield	Stat	te NJ		ZIP 07090	Co	ountry USA		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.